



Patent Application No. 10/045,698
Attorney Docket No. 81800.0177

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yoshifumi TANIMOTO

Serial No. 10/045,698

Confirmation No.: 9845

Filed: January 10, 2002

For: RELAY SERVER, COMMUNICATION
SYSTEM AND FACSIMILE SYSTEM

Art Unit: 2157

Examiner: Burgess, Barbara N

I hereby certify that this correspondence is
being deposited with the United States
Postal Service with sufficient postage as first
class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
March 14, 2005

Date of Deposit
Juanita Soberanis

Name
Juanita Soberanis March 14, 2005
Signature Date

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated February 25, 2005 setting forth a restriction requirement, applicant elects for prosecution the invention of Group I, claims 1-4 and 8-20. Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

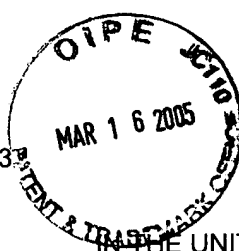
HOGAN & HARTSON L.L.P.

Date: March 14, 2005

By: *Troy M. Schmelzer*

Troy M. Schmelzer
Registration No. 36,667
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03/14/05

Date

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Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Response to Restriction Requirement
☒ Return Postcard.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20 **	0	LG=\$50 SM=\$25	\$	\$ 0
INDEPENDENT CLAIMS FEE	5	-	5 ***	0	LG=\$200 SM=\$100	\$	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer

Registration No. 36,667

Attorney for Applicant(s)

Date: March 14, 2005

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